

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/575,991  
Filing Date April 13, 2006  
First Named Inventor Lital Alfonta  
Art Unit 1656  
Attorney Docket Number 54-000711US

Total Number of Pages in This Submission

3

## ENCLOSURES (Check all that apply)

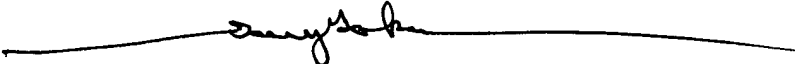
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Copy of Notice to File Missing Parts <input checked="" type="checkbox"/> Interview Summary <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Change Entity Status	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked-up <input type="checkbox"/> Replacement/Supplemental Application Data Entry Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> Executed Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Certificate of Assignee <input type="checkbox"/> Copy of Executed Assignment (Not for Recordation) <input type="checkbox"/> Sequence Listing Statement <input type="checkbox"/> Sequence Listing Paper Form <input type="checkbox"/> Drawings <input type="checkbox"/> Letter to Official Draftsperson <input type="checkbox"/> Replacement Specification – Marked-Up <input type="checkbox"/> Replacement Specification – Clean Copy
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### Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

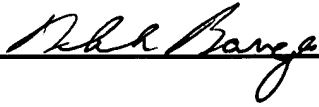
Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Gary Baker	Reg. No.	41,595
Signature			
Date	April 1, 2011		

## CERTIFICATE OF TRANSMISSION/MAILING

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